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ABSTRACT

This curriculum planning guide is designed to help Montana school districts design an appropriate tobacco use prevention and education program. It focuses on: "Tobacco Use Prevention Education: The OPI (Office of Public Instruction) Perspective"; "Instructional Guidelines" (key issues in program planning and major health education content areas); "Guidelines for School Health Programs To Prevent Tobacco Use and Addiction: An Overview of the CDC Guidelines"; "Guidelines for School Health Programs To Prevent Tobacco Use and Addiction"; "CDC/DASH (CDC's Division of Adolescent and School Health) Research to Classroom Project"; "General Criteria for Evaluating Tobacco Use Prevention and Education Curricula"; "Matching Approaches To Tobacco Use Prevention and Education With Childhood Development"; "Educational Materials and Resources on Tobacco Use Prevention and Cessation"; "Guidelines for Reviewing Tobacco Use Prevention Education Materials"; "Guidelines for Non-School Personnel Presenting Health Programs in Montana Schools"; "A Dozen Good Reasons for Tobacco-Free Schools"; and "Where to Find Information." (Contains 71 references.) (SM)

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Curriculum Planning Guidelines for Tobacco Use Prevention and Education

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September 2000

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Foreword

Tobacco use is the greatest cause of preventable death and disease in the country. More people die of tobacco-related diseases than from alcohol, motor vehicle accidents, suicides, AIDS, homicides, illegal drugs and fires combined.

The death toll from tobacco use in Montana is high. More than 1,400 Montanans die prematurely from tobacco-related diseases each year. On average, each day in Montana, four people die of a tobacco-related disease – from lung cancer, coronary heart disease, chronic lung disease, stroke, and other cancers.

Tobacco use by Montana youth is measured every other year by the Montana Youth Risk Behavior Survey (YRBS). The 1999 Montana YRBS found that:

- twenty-three percent of students in grades seven and eight and thirty-five percent of high school students reported smoking a cigarette at least once in the month preceding the survey;
- nine percent of students in grades seven and eight and eighteen percent of high school students use spit tobacco; and
- nine percent of seventh and eighth graders and twenty percent of high school students smoked a cigar in the month preceding the survey.

Educating youth about tobacco use prevention and cessation, about the health risk behaviors of using tobacco, and about the health and social issues surrounding tobacco use are the shared responsibility of families, schools and communities.

Schools are uniquely situated to provide prevention education to adolescents that, while supporting family and community standards, provides both knowledge and skills for avoiding tobacco use. Education offered consistently and over time can assist youth in developing positive health behaviors associated with disease prevention. Successful implementation now of community-based and school-based education programs can save lives in the years ahead.

The Montana Office of Public Instruction (OPI) believes that all school health professionals – in education and in public health – have a responsibility to be informed and to inform parents, students, and other school staff members about tobacco use prevention, education and cessation. Schools should provide prevention-focused education on the health risk behaviors associated with tobacco use.

This curriculum planning guide will help school districts design an appropriate education program. The OPI has additional materials to help districts address policy issues, guidelines for tobacco use prevention education, and teacher training for tobacco use prevention. It is the intent of this guide to provide schools with guidance on curriculum and related issues that local school districts should consider in their curriculum planning and development process.

Tobacco Use Prevention Education: The OPI Perspective

The educational focus of school-based tobacco use prevention education should be to expand and strengthen the capacity of schools to implement effective, age-appropriate, skills-based tobacco use prevention programming that is designed to keep young people from initiating use of tobacco products and to help youth who do use tobacco products to stop. As a strong adjunct to effective and competent classroom instruction on tobacco use prevention, local school districts should also focus efforts on developing, adopting and enforcing a tobacco-free school policy. (Refer to OPI's *Tobacco-Free School Policy Guide* for more information on policy.) As schools work to design tobacco use prevention education, several key elements must be kept in mind. These are:

- objective data that depicts the level of tobacco use among youth in the community should be consulted in order that a program can be designed to specifically address the identified tobacco use behaviors among youth;
- the tobacco use prevention program to be used should be based on credible research or evaluation that shows that the program, or at least the concepts upon which the program is based, prevents or reduces tobacco use among youth;
- the program should be integrated within the district's health enhancement curriculum; and
- periodic evaluation of the program needs to be done to ensure that the program is effectively and efficiently meeting its overall objective (which is to prevent or reduce tobacco use among youth).

There are eight priority elements to designing a comprehensive school-based tobacco use prevention education program. These elements are:

- **Policy:** Promote the adoption and implementation of tobacco-free school policy consistent with Centers for Disease Control and Prevention (CDC) guidelines.
- **Curriculum:** Implement planned, sequential, skills-based curriculum as part of the comprehensive health enhancement curriculum. The tobacco content of the curriculum should conform to accepted practice guidelines (as described in CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*) and have credible evidence of effectiveness in impacting the tobacco use behaviors of young people.
- **Teacher Training:** Provide staff development/training for teachers to acquire the skills needed to effectively deliver skills-based tobacco use prevention education.
- **Classroom Implementation:** Work toward the effective delivery of tobacco curricula and the integration of tobacco use prevention education within the context of comprehensive school health education in the classroom.

- **Involve Young People:** Involve youth in helping to align tobacco use prevention education efforts to help assure that program efforts address the needs of youth.
- **Cessation:** Support tobacco use cessation efforts of local community agencies in order that access to cessation programs is available for all students and school staff who want to quit using tobacco.
- **Data Collection:** Conduct surveys to establish the health risk behaviors of youth regarding tobacco use and to determine the implementation level of tobacco use prevention education within the health enhancement program.
- **Evaluation:** Assess the work plan for school-based tobacco use prevention and education at regular intervals.

The Office of Public Instruction provides curriculum planning guidelines that are consistent with the recommendations from the Centers for Disease Control and Prevention (specifically, the *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*) and the priority recommendations of the Governor's Tobacco Use Prevention Advisory Council. These priority recommendations include:

- develop local community support for and enforcement of tobacco-free school policies in all Montana schools,
- develop and initiate tobacco use prevention education for students in grades K-12,
- develop a special tobacco use prevention program for Montana's institutions of higher education, and
- provide access to tobacco education and cessation programs in all school districts in Montana for student and staff who use tobacco.

In providing guidance to schools that is consistent with CDC and Advisory Council recommendations, it must be pointed out that OPI strongly supports the concept of local control for schools. The OPI does not mandate curriculum content to schools, and each school is free to use materials consistent with its curriculum. The content of curriculum is a decision to be made by the local school board with input from the entire community. With regard to tobacco use prevention and education, the OPI recommends, via its *Curriculum Planning Guidelines for Tobacco Use Prevention and Education*, a program consistent with the most reasoned approach of public health and health education professionals.

Instructional Guidelines

Key Issues in Program Planning

The following issues need to be addressed when providing instruction concerning tobacco use prevention and education in elementary and secondary schools:

- all school staff must be informed about tobacco use prevention and education and the function of each in the school setting;
- instruction about tobacco use prevention should be taught within the context of existing kindergarten through grade 12 health instruction units;
- K-12 instruction must be appropriate to students' chronological and developmental stages, their current base of knowledge, and their past experiences, and must be addressed in language that they can clearly understand;
- instruction about tobacco use prevention should be presented over several class periods and in classroom-size groups in order to give students multiple, personalized learning opportunities;
- teaching methods need to include ongoing instruction about new information, developments and teaching strategies;
- school instruction needs to supplement and complement community standards established for the prevention and control of tobacco use products and for tobacco cessation; and
- the content of instructional materials should be evaluated and constantly monitored to assure that data on tobacco use prevention are current and in an appropriate instructional format.

The decision about whether tobacco use prevention instruction will be included in a school's health education curriculum is a matter for the local school board to determine.

"Preventing Tobacco Use Among Young People" (released February 24, 1994) was the first report from the Surgeon General that focused on the problem of tobacco use among young people. In this report, promising results have been seen in school-based programs that teach young people how to resist social influences to smoke. Such programs are even more successful when they are supported in the adolescent's home and community.

"Reducing Tobacco Use: A Report of the Surgeon General - 2000" was released August 10, 2000. This report evaluated the major approaches to reducing tobacco use - one of the major approaches is *educational*. The educational strategies support the earlier report from the Surgeon General, specifically that school-based programs can have a significant impact on smoking behavior among young people and are most effective when part of a comprehensive, community-based effort. Implementing effective school-based programs, in conjunction with community and media activities, can prevent or

postpone the onset of smoking in 20 to 40 percent of adolescents. Although many schools have tobacco use prevention policies and programs in place, most have not implemented the CDC-recommended guidelines for school-based programs to prevent tobacco use. (The CDC recommendations are included as pages 7-26 of this guide.)

Major Health Education Content Areas

Instruction about tobacco use prevention should be integrated into appropriate health instruction units rather than offered as a separate K-12 tobacco use prevention curriculum. Three of the ten major health education content areas form a logical basis for K-12 health instruction concerning tobacco use prevention, these being: prevention and control of disease, substance use and abuse, and personal health.

Summary

The Office of Public Instruction believes that instruction about tobacco use prevention should be integrated within the context of a comprehensive K-12 health enhancement instruction program. Because health instruction is frequently provided locally on a multidisciplinary basis, elementary school teachers, health teachers, science teachers, social studies teachers, home economics teachers, nurses, counselors, and other appropriate school staff may be involved in providing instruction aimed at promoting healthy lifestyles. A team approach to addressing the specific problem of tobacco use prevention -- in cooperation with health professionals, public health officials, parents and educators -- will promote a community-wide effort toward confronting the health issues associated with tobacco use.

Guidelines for School Health Programs to Prevent Tobacco Use and Addiction -- An Overview of the CDC Guidelines

School-based educational programs to prevent tobacco use and addiction will be most effective if they:

- prohibit tobacco use at all school facilities and events;
- encourage and help students and staff to quit using tobacco;
- provide adequate tobacco use prevention instruction in grades K-12;
- are part of a coordinated school program through which teachers, students, families, administrators, and community leaders deliver consistent messages about tobacco use prevention; and
- are reinforced by community-wide efforts to prevent tobacco use and addiction.

The CDC guidelines include seven recommendations for ensuring a quality school program to prevent tobacco use. These recommendations are:

1. Develop and enforce a school policy on tobacco use. The policy should be developed in collaboration with students, parents, school staff, health professionals and school boards.

2. Provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills.

3. Provide tobacco-use prevention education in grades K-12.

4. Provide tobacco use prevention and education program-specific training for teachers.

5. Involve parents or families in support of school-based programs to prevent tobacco use.

6. Support cessation efforts among students and school staff who use tobacco.

7. Assess the tobacco-use prevention and education program at regular intervals.

The CDC guidelines are included in this curriculum guide as pages 7-26.

Guidelines for School Health Programs to Prevent Tobacco Use and Addiction

MMWR 43(RR-2); 1-18 Publication date: February 25, 1994

Source: Centers for Disease Control and Prevention

This document represents contemporary thinking in the planning of school-based programs of tobacco use prevention education. It is presented here as a resource for schools to use in preparing programs designed to prevent tobacco use.

Summary

Tobacco use is the leading cause of preventable death in the United States. The majority of daily smokers (82%) began smoking before 18 years of age, and more than 3,000 young persons begin smoking each day. School programs designed to prevent tobacco use could become one of the most effective strategies available to reduce tobacco use in the United States. The following guidelines summarize school-based strategies most likely to be effective in preventing tobacco use among youth. They were developed by CDC in collaboration with experts from 29 national, federal, and voluntary agencies and with other leading authorities in the field of tobacco-use prevention to help school personnel implement effective tobacco-use prevention programs. These guidelines are based on an in-depth review of research, theory, and current practice in the area of school-based tobacco-use prevention. The guidelines recommend that all schools a) develop and enforce a school policy on tobacco use, b) provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills, c) provide tobacco-use prevention education in kindergarten through 12th grade, d) provide program-specific training for teachers, e) involve parents or families in support of school-based programs to prevent tobacco use, f) support cessation efforts among students and all school staff who use tobacco, and g) assess the tobacco-use prevention program at regular intervals.

INTRODUCTION

Tobacco use is the single most preventable cause of death in the United States (1). Illnesses caused by tobacco use increase demands on the U.S. health-care system; lost productivity amounts to billions of dollars annually (2-3).

Because four out of every five persons who use tobacco begin before they reach adulthood (1), tobacco-prevention activities should focus on school-age children and adolescents. Evidence suggests that school health programs can be an effective means of preventing tobacco use among youth (4-7). The guidelines in this report have been developed to help school personnel plan, implement, and assess educational programs and school policies to prevent tobacco use and the unnecessary addiction, disease, and death tobacco use causes. Although these guidelines address school programs for kindergarten through 12th grade, persons working with youth in other settings also may find the guidelines useful.

The guidelines are based on a synthesis of results of research, theory, and current practice in tobacco-use prevention. To develop these guidelines, CDC staff convened meetings of experts from the fields of tobacco-use prevention and education, reviewed published research, and considered the conclusions of the National Cancer Institute Expert Advisory Panel on School-Based Smoking Prevention Programs (4) and the findings of the 1994 Surgeon General's Report, Preventing Tobacco Use Among Young People (8).

CDC developed these guidelines in consultation with experts representing the following organizations:

American Academy of Pediatrics, American Association of School Administrators, American Cancer Society, American Federation of Teachers, American Heart Association, American Lung Association, American Medical Association, Association of State and Territorial Directors of Public Health, Education Association of State and Territorial Health Officials, Council of Chief State School Officers, Health Resources and Services Administration, Indian Health Service, National Association of School Nurses, National Association of Secondary School Principals, National Association of State Boards of Education, National Cancer Institute, National Center for Nursing Research, National Congress of Parents and Teachers, National Education Association, National Heart, Lung, and Blood Institute, National Institute of Child Health and Human Development, National School Boards Association, National School Health Education Coalition, Office of Disease Prevention and Health Promotion, Office of Minority Health, Substance Abuse and Mental Health Services Administration, The Society of State Directors of Health, Physical Education, and Recreation, U.S. Department of Education, and the Western Consortium for Public Health.

BACKGROUND

School-based programs to prevent tobacco use can make a substantial contribution to the health of the next generation. In this report, the term "tobacco use" refers to the use of any nicotine-containing tobacco product, such as cigarettes, cigars, and smokeless tobacco. These products often contain additional substances (e.g., benzo(a)pyrene, vinyl chloride, polonium 210) that cause cancer in animals and humans (1). Recent estimates suggest that cigarette smoking annually causes more than 400,000 premature deaths and five million years of potential life lost (2). The estimated direct and indirect costs associated with smoking in the United States in 1990 totaled $68 billion (3).

In 1964, the Surgeon General's first report on smoking and health documented that cigarette smoking causes chronic bronchitis and lung and laryngeal cancer in men (9). Subsequent reports from the Surgeon General's office have documented that smoking causes coronary heart disease (10), atherosclerotic peripheral vascular disease (1), cerebrovascular disease (1), chronic obstructive pulmonary disease (including emphysema) (11), intrauterine growth retardation (1), lung and laryngeal cancers in women (12), oral cancer (13), esophageal cancer (13), and cancer of the urinary bladder (14). Cigarette smoking also contributes to cancers of the pancreas, kidney, and cervix (1,14). Further, low birth weight and approximately 10 percent of infant mortality have been attributed to tobacco use by pregnant mothers (1). The 1994 Surgeon General's report on smoking and health describes numerous adverse health conditions caused by tobacco use among adolescents, including reductions in the rate of lung growth and in the level of maximum lung function, increases in the number and severity of respiratory illnesses, and unfavorable effects on blood lipid levels (which may accelerate development of cardiovascular diseases) (8).

Breathing environmental tobacco smoke -- including side-stream and exhaled smoke from cigarettes, cigars, and pipes -- also causes serious health problems (15-16). For example, exposure to environmental tobacco smoke increases the risk for lung cancer and respiratory infections among nonsmokers and may inhibit the development of optimal lung function among children of smokers (16). Exposure to environmental tobacco smoke also may increase the risk for heart disease among nonsmokers (17-18). The Environmental Protection Agency recently classified environmental tobacco smoke as a Group A carcinogen, a category that includes asbestos, benzene, and arsenic (19).

Use of smokeless tobacco, including chewing tobacco and snuff, also can be harmful to health. A report of the Advisory Committee to the Surgeon General indicated that using smokeless tobacco causes oral cancer and leukoplakia (20). Early signs of these diseases, particularly periodontal degeneration and soft tissue lesions, are found among young people who use smokeless tobacco (8).

Tobacco use is addictive and is responsible for more than one of every five deaths in the United States. However, many children and adolescents do not understand the nature of tobacco addiction and are unaware of, or underestimate, the important health consequences of tobacco use (1). On average, more than 3,000 young persons, most of them children and teenagers, begin smoking each day in the United States (21). Approximately 82 percent of adults ages 30-39 years who ever smoked daily tried their first cigarette before 18 years of age (8). National surveys indicate that 70 percent of high school students have tried cigarette smoking and that more than one-fourth (28%) reported having smoked cigarettes during the past 30 days (22).

THE NEED FOR SCHOOL HEALTH PROGRAMS TO PREVENT TOBACCO USE AND ADDICTION

The challenge to provide effective tobacco-use prevention programs to all young persons is an ethical imperative. Schools are ideal settings in which to provide such programs to all children and adolescents. School-based tobacco prevention education programs that focus on skills training approaches have proven effective in reducing the onset of smoking, according to numerous independent studies. A summary of findings from these studies demonstrates positive outcomes across programs that vary in format, scope, and delivery method (8).

To be most effective, school-based programs must target young persons before they initiate tobacco use or drop out of school. In 1992, 18 percent of surveyed U.S. high school seniors reported smoking their first cigarette in elementary school, and 30 percent started in grades seven to nine (23). Among persons aged 17-18 years surveyed in 1989, substantially more high school dropouts (43%) than high school attendees or graduates (17%) had smoked cigarettes during the week preceding the survey (24).

Because considerable numbers of students begin using tobacco at or after age 15, tobacco-prevention education must be continued throughout high school. Among high school seniors surveyed in 1991 who had ever smoked a whole cigarette, 37 percent initiated smoking at age 15 or older (grades 10-12).

School-based programs offer an opportunity to prevent the initiation of tobacco use and therefore help persons avoid the difficulties of trying to stop after they are addicted to nicotine. The majority of current smokers (83%) wish they had never started smoking, and nearly one-third of all smokers quit for at least a day each year (25). Most smokers (93%) who try to quit resume regular smoking within one year (21,26). Of those persons who successfully quit smoking for one year or longer, one-third eventually relapse (14).

By experimenting with tobacco, young persons place themselves at risk for nicotine addiction. Persons who start smoking early have more difficulty quitting, are more likely to become heavy smokers, and are more likely to develop a smoking-related disease (1,27). Between 1975 and 1985, approximately 75 percent of persons who had smoked daily during high school were daily smokers 7-9 years later; however, only 5 percent of those persons had predicted as high school students that they would "definitely" smoke five years later (23). Smoking is addictive; three out of four teenagers who smoke have made at least one serious, yet unsuccessful, effort to quit (28). The 1994 Surgeon General's report on smoking and health concludes that the probability of becoming addicted to nicotine after any exposure is higher than that for other addictive substances (e.g., heroin, cocaine, or alcohol). Further, nicotine addiction in young people follows fundamentally the same process as in adults, resulting in withdrawal symptoms and failed attempts to quit (8). Thus, cessation programs are needed to help the young persons who already use tobacco (4).

School-based programs to prevent tobacco use should be provided for students of all ethnic/racial groups. In high school, more white (31%) and Hispanic (25%) students than black students (13%) are current smokers (29). Although ages and rates of initiation vary by race and ethnicity, tobacco use is a problem for all ethnic/racial groups. Given the diversity of cultures represented in many schools, it is important to tailor prevention programs for particular ethnic/racial subgroups of students. However, programs should be sensitive to, and representative of, a student population that is multicultural, multiethnic, and socio-economically diverse.

Effective school-based programs to prevent tobacco use are equally important for both male and female students. From 1975 to 1987, daily smoking rates among 12th-grade females were as high or higher than males. Since 1988, smoking rates for males and females have been nearly identical (23). However, rates of smokeless tobacco use differ by sex: in 1991, 19 percent of male high school students and only 1 percent of females reported use during the past 30 days (22). Given the growing popularity of smokeless tobacco use, particularly among males (30), and given the prevalent misconception that smokeless tobacco is safe (23), school-based programs to prevent tobacco use must pointedly discourage the use of smokeless tobacco.

Despite gains made in the 1970s, progress in reducing smoking prevalence among adolescents slowed dramatically in the 1980s. For example, the percentage of seniors who report that they smoked on one or more days during the past month has remained unchanged since 1980 -- at approximately 29 percent (23). Further, despite negative publicity and restrictive legislation regarding tobacco use, the proportion of high school seniors who perceive that cigarette users are at great risk for physical or other harm from smoking a pack a day or more has increased only minimally -- from 64 percent in 1980 to 69 percent in 1992 (23). Thus, efforts to prevent the initiation of tobacco use among

children and adolescents must be intensified.

School-based programs to prevent tobacco use also can contribute to preventing the use of illicit drugs, such as marijuana and cocaine, especially if such programs are also designed to prevent the use of these substances (31). Tobacco is one of the most commonly available and widely used drugs, and its use results in the most widespread drug dependency. Use of other drugs, such as marijuana and cocaine, is often preceded by the use of tobacco or alcohol. Although most young persons who use tobacco do not use illicit drugs, when further drug involvement does occur, it is typically sequential -- from use of tobacco or alcohol to use of marijuana, and from marijuana to other illicit drugs or prescription psychoactive drugs (32). This sequence may reflect, in part, the widespread availability, acceptability, and use of tobacco and alcohol, as well as common underlying causes of drug use, such as risk-seeking patterns of behavior and deficits in communication and refusal skills. Recent reports on preventing drug abuse suggest that approaches effective in preventing tobacco use can also help prevent the use of alcohol and other drugs (33-35).

PURPOSES OF SCHOOL HEALTH PROGRAMS TO PREVENT TOBACCC USE AND ADDICTION

School-based health programs should enable and encourage children and adolescents who have not experimented with tobacco to continue to abstain from any use. For young persons who have experimented with tobacco use, or who are regular tobacco users, school health programs should enable and encourage them to immediately stop all use. For those young persons who are unable to stop using tobacco, school programs should help them seek additional assistance to successfully quit the use of tobacco.

NATIONAL HEALTH OBJECTIVES, NATIONAL EDUCATION GOALS, AND THE YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM

CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction were designed in part to help attain published national health objectives and education goals. In September 1990, 300 national health objectives were released by the Secretary of the Department of Health and Human Services as part of Healthy People 2000: National Health Promotion and Disease Prevention Objectives (36). The objectives were designed to guide health promotion and disease prevention policy and programs at the federal, state, and local levels throughout the 1990s. School-based programs to prevent tobacco use can help accomplish the following objectives from Healthy People 2000 (37):

3.4 Reduce cigarette smoking to a prevalence of no more than 15% among people aged 20 and older. (Baseline: 29% in 1987)
3.5 Reduce the initiation of cigarette smoking by children and youth so that no more than 15% have become regular cigarette smokers by age 20. (Baseline: 30% in 1987)
3.7 Increase smoking cessation during pregnancy so that at least 60% of women who are cigarette smokers at the time they become pregnant quit smoking early in pregnancy and maintain abstinence for the remainder of their pregnancy. (Baseline: 39% in 1985)
3.8 Reduce to no more than 20% the proportion of children aged 6 and younger who are regularly exposed to tobacco smoke at home (Baseline: 39% in 1986)
3.9 Reduce smokeless tobacco use by males aged 12 through 24 to a prevalence of no more than 4%. (Baseline: 6.6% for age 12-17 in 1988)
3.10 Establish tobacco-free environments and include tobacco use prevention in the curricula of all elementary, middle, and secondary schools, preferably as part of quality {comprehensive} school health education. (Baseline: 17% of school districts were smoke-free, and 75%-81% of school districts offered antismoking education in 1988)
3.11 Increase to at least 75% the proportion of worksites {such as schools} with a formal smoking policy that prohibits or severely restricts smoking at the workplace. (Baseline: 54% of medium and large companies in 1987)
3.12 Enact in 50 states comprehensive laws on clean indoor air that prohibit or strictly limit smoking in the workplace and enclosed public places {such as schools}. (Baseline: 13 states in 1988)

School-based programs to prevent tobacco use can also help accomplish one of the six National Education Goals (38): By the year 2000, every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning (Goal 6).

In 1990, CDC established the Youth Risk Behavior Surveillance System to help monitor progress toward attaining national health and education objectives by periodically measuring the prevalence of six categories of health risk behaviors usually established during youth that contribute to the leading causes of death and disease (39); tobacco use is one of the six categories. CDC conducts a biennial Youth Risk Behavior Survey (YRBS) of a national probability sample of high school students and also enables interested state and local education agencies to conduct the YRBS with comparable probability samples of high school students in those states and cities (22). The specific tobacco-use behaviors monitored by the YRBS include (40):

- ever tried cigarette smoking
- age when first smoked a whole cigarette
- ever smoked cigarettes regularly (one cigarette every day for 30 days)
- age when first smoked regularly
- number of days during past month that cigarettes were smoked

- number of cigarettes smoked per day during past month
- number of days during past month that cigarettes were smoked on school property
- ever tried to quit smoking cigarettes during past six months
- any use of chewing tobacco or snuff during past month
- any use of chewing tobacco or snuff during past month on school property

States and large cities are encouraged to use the YRBS periodically to monitor the comparative prevalence of tobacco use among school students in their jurisdictions, and school officials are encouraged to implement programs specifically designed to reduce these behaviors. These national, state, and local data are being used to monitor progress in reducing tobacco use among youth and to monitor relevant national health objectives and education goals.

RECOMMENDATIONS FOR SCHOOL HEALTH PROGRAMS TO PREVENT TOBACCO USE AND ADDICTION

The seven recommendations below summarize strategies that are effective in preventing tobacco use among youth. To ensure the greatest impact, schools should implement all seven recommendations.

1. Develop and enforce a school policy on tobacco use.
2. Provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills.
3. Provide tobacco-use prevention education in kindergarten through 12th grade; this instruction should be especially intensive in junior high or middle school and should be reinforced in high school.
4. Provide program-specific training for teachers.
5. Involve parents or families in support of school-based programs to prevent tobacco use.
6. Support cessation efforts among students and all school staff who use tobacco.
7. Assess the tobacco-use prevention program at regular intervals.

Discussion of Recommendations

Recommendation 1: Develop and enforce a school policy on tobacco use.

A school policy on tobacco use must be consistent with state and local laws and should include the following elements (41):

- An explanation of the rationale for preventing tobacco use (i.e., tobacco is the leading cause of death, disease, and disability

- Prohibitions against tobacco use by students, all school staff, parents, and visitors on school property, in school vehicles, and at school-sponsored functions away from school property
- Prohibitions against tobacco advertising in school buildings, at school functions, and in school publications
- Provisions for students and all school staff to have access to programs to help them quit using tobacco
- Procedures for communicating the policy to students, all school staff, parents or families, visitors, and the community
- Provisions for enforcing the policy

To ensure broad support for school policies on tobacco use, representatives of relevant groups, such as students, parents, school staff and their unions, and school board members, should participate in developing and implementing the policy. Examples of policies have been published (41), and additional samples can be obtained from state and local boards of education.

Clearly articulated school policies, applied fairly and consistently, can help students decide not to use tobacco (42). Policies that prohibit tobacco use on school property, require prevention education, and provide access to cessation programs rather than solely instituting punitive measures are most effective in reducing tobacco use among students (43).

A tobacco-free school environment can provide health, social, and economic benefits for students, staff, the school, and the district (41). These benefits include decreased fires and discipline problems related to student smoking, improved compliance with local and state smoking ordinances, and easier upkeep and maintenance of school facilities and grounds.

Recommendation 2: Provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills.

Some tobacco-use prevention programs have been limited to providing only factual information about the harmful effects of tobacco use. Other programs have attempted to induce fear in young persons about the consequences of use (44). However, these strategies alone do not prevent tobacco use, may stimulate curiosity about tobacco use, and may prompt some students to believe that the health hazards of tobacco use are exaggerated (45- 47).

Successful programs to prevent tobacco use address multiple psychosocial factors related to tobacco use among children and adolescents (48-51). These factors include:

- **Immediate and long-term undesirable physiologic, cosmetic, and social consequences of tobacco use.** Programs should help students understand that tobacco use can result in decreased stamina, stained teeth, foul-smelling breath and clothes, exacerbation of asthma, and ostracism by nonsmoking peers.
- **Social norms regarding tobacco use**. Programs should use a variety of educational techniques to decrease the social acceptability of tobacco use, highlight existing anti-tobacco norms, and help students understand that most adolescents do not smoke.
- **Reasons that adolescents say they smoke.** Programs should help students understand that some adolescents smoke because they believe it will help them be accepted by peers, appear mature, or cope with stress. Programs should help students develop other more positive means to attain such goals.
- **Social influences that promote tobacco use.** Programs should help students develop skills in recognizing and refuting tobacco-promotion messages from the media, adults, and peers.
- **Behavioral skills for resisting social influences that promote tobacco use.** Programs should help students develop refusal skills through direct instruction, modeling, rehearsal, and reinforcement, and should coach.
- **General personal and social skills**. Programs should help students develop necessary assertiveness, communication, goal-setting, and problem-solving skills that may enable them to avoid both tobacco use and other health risk behaviors.

School-based programs should systematically address these psychosocial factors at developmentally appropriate ages. Particular instructional concepts should be provided for students in early elementary school, later elementary school, junior high or middle school, and senior high school. Local school districts and schools should review these concepts in accordance with student needs and educational policies to determine in which grades students should receive particular instruction.

Recommendation 3: Provide tobacco-use prevention education in kindergarten through 12th grade. This instruction should be especially intensive in junior high or middle school and should be reinforced in high school.

Education to prevent tobacco use should be provided to students in each grade, from kindergarten through 12th grade (4). Because tobacco use often begins in grades six through eight, more intensive instructional programs should be provided for these grade levels (4-5). Particularly important is the year of entry into junior high or middle school when new students are exposed to older students who use tobacco at higher rates. Thereafter, annual prevention education should be provided. Without continued reinforcement throughout high school, successes in preventing tobacco use dissipate over time (52,53). Studies

indicate that increases in the intensity and duration of education to prevent tobacco use result in concomitant increases in effectiveness (54- 56).

Most evidence demonstrating the effectiveness of school-based prevention of tobacco use is derived from studies of schools in which classroom curricula focused exclusively on tobacco use. Other evidence suggests that tobacco-use prevention also can be effective when appropriately embedded within broader curricula for preventing drug and alcohol use (57) or within comprehensive curricula for school health education (31). The effectiveness of school-based efforts to prevent tobacco use appears to be enhanced by the addition of targeted community wide programs that address the role of families, community organizations, tobacco-related policies, anti-tobacco advertising, and other elements of adolescents' social environment (8).

Because tobacco use is one of several interrelated health risk behaviors addressed by schools, CDC recommends that tobacco-use-prevention programs be integrated as part of comprehensive school health education within the broader school health program (58).

Recommendation 4: Provide program-specific training for teachers.

Adequate curriculum implementation and overall program effectiveness are enhanced when teachers are trained to deliver the program as planned (59,60). Teachers should be trained to recognize the importance of carefully and completely implementing the selected program. Teachers also should become familiar with the underlying theory and conceptual framework of the program as well as with the content of these guidelines. The training should include a review of the program content and a modeling of program activities by skilled trainers. Teachers should be given opportunity to practice implementing program activities. Studies indicate that in-person training and review of curriculum-specific activities contribute to greater compliance with prescribed program components (4,5,61,62).

Some programs may elect to include peer leaders as part of the instructional strategy. By modeling social skills (63) and leading role rehearsals (64), peer leaders can help counteract social pressures on youth to use tobacco. These students must receive training to ensure accurate presentation of skills and information. Although peer-leader programs can offer an important adjunct to teacher-led instruction, such programs require additional time and effort to initiate and maintain.

Recommendation 5: Involve parents or families in support of school-based programs to prevent tobacco use.

Parents or families can play an important role in providing social and environmental support for nonsmoking. Schools can capitalize on this influence

by involving parents or families in program planning, in soliciting community support for programs, and in reinforcing educational messages at home. Homework assignments involving parents or families increase the likelihood that smoking is discussed at home and motivate adult smokers to consider cessation (65).

Recommendation 6: Support cessation efforts among students and all school staff who use tobacco.

Potential practices to help children and adolescents quit using tobacco include self-help, peer support, and community cessation programs. In practice, however, these alternatives are rarely available within a school system or community. Although the options are often limited, schools must support student efforts to quit using tobacco, especially when tobacco use is disallowed by school policy.

Effective cessation programs for adolescents focus on immediate consequences of tobacco use, have specific attainable goals, and use contracts that include rewards. These programs provide social support and teach avoidance, stress management, and refusal skills (66-69). Further, students need opportunities to practice skills and strategies that will help them remain nonusers (66,67,70).

Cessation programs with these characteristics may already be available in the community through the local health department or voluntary health agency (e.g., American Cancer Society, American Heart Association, American Lung Association). Schools should identify available resources in the community and provide referral and follow-up services to students. If cessation programs for youth are not available, such programs might be jointly sponsored by the school and the local health department, voluntary health agency, other community health providers, or interested organizations (e.g., churches).

More is known about successful cessation strategies for adults. School staff members are more likely than students to find existing cessation options in the community. Most adults who quit tobacco use do so without formal assistance. Nevertheless, cessation programs that include a combination of behavioral approaches (e.g., group support, individual counseling, skills training, family interventions, and interventions that can be supplemented with pharmacologic treatments) have demonstrated effectiveness (71). For all school staff, health promotion activities and employee assistance programs that include cessation programs might help reduce burnout, lower staff absenteeism, decrease health insurance premiums, and increase commitment to overall school health goals (41).

Recommendation 7: Assess the tobacco-use prevention program at regular intervals.

Local school boards and administrators can use the following evaluation questions to assess whether their programs are consistent with CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction. Personnel in federal, state, and local education and health agencies also can use these questions to: (a) assess whether schools in their jurisdiction are providing effective education to prevent tobacco use and (b) identify schools that would benefit from additional training, resources, or technical assistance. The following questions can serve as a guide for assessing program effectiveness:

1. Do schools have a comprehensive policy on tobacco use, and is it implemented and enforced as written?

2. Does the tobacco education program foster the necessary knowledge, attitudes, and skills to prevent tobacco use?

3. Is education to prevent tobacco use provided kindergarten through 12th grade, with special emphasis during junior high or middle school?

4. Is in-service training provided for educators responsible for implementing tobacco-use prevention?

5. Are parents or families, teachers, students, school health personnel, school administrators, and appropriate community representatives involved in planning, implementing, and assessing programs and policies to prevent tobacco use?

6. Does the tobacco-use prevention program encourage and support cessation efforts by students and all school staff who use tobacco?

CONCLUSION

In 1964, the first Surgeon General's report on smoking and health warned that tobacco use causes serious health problems. Thirty years later, in 1994, the Surgeon General reports that tobacco use still presents a key threat to the well-being of children. School health programs to prevent tobacco use could become one of the most effective national strategies to reduce the burden of physical, emotional, and monetary expense incurred by tobacco use.

To achieve maximum effectiveness, school health programs to prevent tobacco use must be carefully planned and systematically implemented. Research and experience acquired since the first Surgeon General's report on smoking and

health have helped in understanding how to produce school policies on tobacco use and how to plan school-based programs to prevent tobacco use so that they are most effective. Carefully planned school programs can be effective in reducing tobacco use among students if school and community leaders make the commitment to implement and sustain such programs.

Table 1. INSTRUCTIONAL CONCEPTS

Instructional concepts (kindergarten through grade twelve)

Early Elementary School	Late Elementary School
Knowledge: Students will learn that	Knowledge: Students will learn that
• A drug is a chemical that changes how the body works • All forms of tobacco contain a drug called nicotine • Tobacco use includes cigarettes and smokeless tobacco • Tobacco use is harmful to health • Stopping tobacco use has short- and long- term benefits • Many persons who use tobacco have trouble stopping • Tobacco smoke in the air is dangerous to anyone who breathes it • Many fires are caused by persons who smoke • Some advertisements try to persuade persons to use tobacco • Most young people persons do not use tobacco • Persons who choose to use tobacco are not bad persons	• Stopping tobacco has short- and long-term benefits • Environmental tobacco smoke is dangerous to health • Most young people and adults do not use tobacco • Nicotine, contained in all tobacco, is an addictive drug • Tobacco has short- and long- term physiological consequences • Personal feelings, family, and media influence tobacco use • Tobacco advertising is often directed toward young people • Young persons can resist pressure to use tobacco • Laws, rules and policies regulate the sale and use of tobacco
Attitudes: Students will demonstrate	Attitudes: Students will demonstrate
• A personal commitment not to use tobacco • Pride about choosing not to use tobacco	• A personal commitment not to use tobacco • Pride about choosing not to use tobacco • Support for others' decisions not to use tobacco • Responsibility for personal health

Skills: Students will be able to	Skills: Students will be able to
• Communicate knowledge and personal attitudes about tobacco use • Encourage other persons not to use tobacco	• Communicate knowledge and personal attitudes about tobacco use • Encourage other persons not to use tobacco • Demonstrate skills to resist tobacco use • State the benefits of smoke-free environment • Develop counter-arguments to tobacco advertisements and promotional materials • Support persons who are trying to stop using tobacco

Middle School/Junior High School	**Senior High School**
Knowledge: Students will learn that	Knowledge: Students will learn that
• Most young people and adults do not smoke • Laws, rules, and policies regulate the sale and use of tobacco • Tobacco manufacturers use various strategies to direct advertisements toward young persons, such as "image" advertising • Tobacco has short- and long term physiological, cosmetic, social, and economic consequences • Cigarette smoking and smokeless tobacco usr have direct health consequences • Maintaining a tobacco-free has health benefits • Tobacco use is an unhealthy way to manage stress or weight • Community organizations have information about tobacco use and can help persons stop using tobacco • Smoking cessation programs can be successful • Tobacco contains other harmful substances in addition to nicotine	• Most young people and adults do not smoke • Tobacco use has short- and long term physiologic, cosmetic and economic consequences • Cigarette smoking and tobacco use have direct health consequences • Community organizations have information about tobacco use and can help persons stop using tobacco • Smoking cessation programs can be successful • Tobacco use is an unhealthy way to manage stress or weight • Tobacco use during pregnancy has harmful effects on the fetus • School and community organizations can promote a smoke free environment • Many persons find it hard to stop using tobacco, despite knowledge about the health hazards of tobacco use

Attitudes: Students will demonstrate	Attitudes: Students will demonstrate
• A personal commitment not to use tobacco • Pride about choosing not to use tobacco • Responsibility for personal health • Support for others' decisions not to use tobacco • Confidence in personal ability to resist tobacco use	• A personal commitment not to use tobacco • Pride on choosing not to use tobacco • Responsibility for personal health • Support for others' decisions not to use tobacco • Confidence in personal ability to resist tobacco use • Willingness to use school and community resources for information and help with resisting or quitting tobacco use
Skills: Students will be able to	**Skills: Students will be able to**
• Encourage other persons not to use tobacco • Support persons who are trying to stop using tobacco • Communicate knowledge and personal attitudes about tobacco use • Demonstrate skills to resist tobacco use • Identify and counter strategies used in tobacco advertisement and other promotional materials • Develop methods for coping with tobacco use by parents and with other difficult personal situations, such as peer pressure to use tobacco • Request a smoke-free environment	• Encourage other persons not to use tobacco • Support persons who are trying to stop using tobacco • Communicate knowledge and personal attitudes about tobacco use • Demonstrate skills to resist tobacco use • Identify and counter strategies used in tobacco advertisement and other promotional materials • Develop methods for coping with tobacco use by parents and with other difficult personal situations, such as peer pressure to use tobacco • Request a smoke-free environment • Use school and community resources for information about and help with resisting or quitting tobacco use • Initiate school and community action to support a smoke-free environment

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CDC/DASH Research to Classroom Project

Criteria for Selection of Tobacco Use Prevention Curricula

The Centers for Disease Control and Prevention (CDC) consistently applies research findings to prevent disease and injuries; the CDC's Division of Adolescent and School Health (DASH) identifies curricula that have evidence of reducing health risk behaviors among youth.

Criteria for Initial Consideration

1. The intervention is an educational program that involves classroom or other group settings.

2. The content addresses tobacco use -- either smoking or smokeless -- (although it needs not be limited to tobacco) and should be consistent with (or can be made consistent) with CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* [MMWR 43(RR-2): February 25, 1994].

3. The study population is school-age youth.

4. The study measures risk behaviors, not just knowledge and attitudes. The results found an association between exposure to the intervention and at least one of the following behavior outcomes:

   - prevents initiation of tobacco use,
   - reduces the prevalence of tobacco use,
   - increases the percent of tobacco users quitting tobacco use, and/or
   - increases the percent of smokers reporting reductions of tobacco use.

   NOTE: Tobacco use status can be measured by self-report or by biochemical markers.

5. The research design includes an intervention group and a control or comparison group.

6. The research design includes follow-up measures conducted at least four weeks after the intervention.

7. A report of the study has been published in a peer-reviewed journal, or one has been submitted for publication in a peer-reviewed journal at the time of consideration and accepted prior to final selection.

General Criteria for Evaluating Tobacco Use Prevention and Education Curricula

Criteria for Effective Tobacco Use Prevention and Education

- Based on written guidelines or curricula.
- Focused on teaching the skills adolescents will need to resist tobacco use.
- Taught by classroom teachers (or other school teachers with a specialty in health education) who have been trained in effective classroom teaching strategies for imparting to students the appropriate skills for tobacco use prevention.
- Taught mainly in a classroom setting.
- Integrated within a comprehensive health education program.
- Taught at multiple grade levels.
- Based on medically accurate and scientifically sound information.
- Includes sufficient topic areas to form a broad understanding of the causes, preventive methods, and issues surrounding tobacco use and tobacco use prevention.
- Routinely evaluated for appropriateness and effectiveness.

Curriculum Content

- Appropriate to the chronological and developmental age of the target students.
- Provides simple, clear, and direct information in terms that students understand.
- Focuses on teaching healthy behaviors and not just on the biomedical aspects of tobacco use.
- Emphasizes the actual tobacco use rates among adolescents in order to convey the correct message that "most kids don't" use tobacco products.
- Sufficient class periods of instruction are provided to give each student multiple opportunities to practice decision-making and refusal skills based on the information they have learned about tobacco use prevention.

Development and Implementation

- The program should provide for adequate teacher staff training to ensure that classroom teachers can teach the curriculum.
- The information should be provided appropriately to hearing and visually impaired students and students with severely handicapping conditions. The information should be made available to limited English proficient students in their own language.

- The curriculum should be updated regularly to incorporate new information as it becomes available.
- The curriculum should be developed with the participation and support of parents, students, and other community groups. An ongoing dialogue with parents on tobacco use and prevention issues should be facilitated.

Characteristics of Effective Programs

Programs that show even modest behavioral effects have the following characteristics:

- Focus clearly on reducing one or more behaviors that lead to health problems.
- Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age and culture of the students.
- Use theoretical-based approaches that have been demonstrated to be effective in influencing other health-related risky behaviors.
- Effects that last long enough to allow participants to complete important activities.
- Employ a variety of teaching methods designed to involve the participants and have them personalize the information. Include activities that address social pressures.
- Provide models of and practice in communication, negotiation, and refusal skills.
- Select teachers or peers who believe in the program and then provide them with training, which often includes practice sessions.

Matching Approaches to Tobacco Use Prevention and Education With Childhood Development

Developmental Characteristics of Students

Grades K through 3

Students are likely to be:

- egocentric
- developing some independence from parents and gradually orienting toward peers
- highly competitive and capable of unkindness to each other
- able to understand information if it relates to their own experiences

Grades 4 and 5

Students are likely to be:

- increasingly sensitive to peer pressure
- capable of concern for others
- confused between fact and fancy (between hypothesis and reality)
- able to internalize rules and to know what is right or wrong according to those rules

Grades 6 though 9

Students are likely to be:

- engaged in a search for identity; asking "Who am I?" and "Am I normal?"
- very centered on self
- able to understand that behavior has consequences

Grades 10 through 12

Students are likely to be:

- in possession of a stronger sense of personal identity
- thinking that they "know it all"
- seeking greater independence from parents
- influenced by peer attitudes
- open to information provided by trusted adults
- experiencing an illusion of immortality

Appropriate Approaches to Tobacco Use Prevention and Education

Grades K through 3

The primary goal is to establish a foundation for more detailed discussion of tobacco use prevention and health that likely will occur at the 6th grade level.

- information about tobacco use prevention should be included in the comprehensive health curriculum that also addresses wellness, sickness, friendships, and assertiveness
- questions should be answered directly and simply; responses should be limited to questions asked
- teach assertiveness about refusal skills

Grades 4 and 5

It is appropriate to use the same approach as used for grades K-3 with an increased emphasis on:

- providing basic information about tobacco use prevention
- answering questions about tobacco use and prevention

Grades 6-12

The primary goal should be to provide students with the skills they will need to avoid tobacco use. Students should be given the information in the INSTRUCTIONAL CONCEPTS table of the CDC *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*. Tobacco use prevention instruction should also include these approaches:

- tobacco use issues should be made as real as possible without overly frightening students
- the focus should be on healthy behaviors
- students should be helped to examine and affirm their own values and to develop responsible decision-making about tobacco use
- it is important to be honest and to provide information in a straightforward manner
- it is important to be non-threatening and to work to alleviate anxiety
- teachers should be prepared to answer questions from students who want more information

Educational Materials and Resources on Tobacco Use Prevention and Cessation

The following resources are intended to provide educators and school staff with examples of effective materials available from national, state and local agencies. Resources are included in this guide to provide background and content materials for health education professionals to use or adapt to fit their program needs. These resources are intended to be used within a developmental, age-appropriate and sequential school health education program.

Curriculum Materials

Life Skills
Princeton Health Press (Ph: 609-921-0540)

Suggested target audience is students in grades 6 through 9. Ideally the program should begin in the 6th or 7th grade with booster sessions in subsequent grades.

The curriculum has been successfully implemented in both middle and junior high schools. Length is fifteen class periods scheduled one or more times per week. Booster sessions of ten class periods in Year 2 and five class periods in Year 3. The program can be successfully integrated into many subject areas with health education, science, and drug prevention being the most appropriate.

Objectives of this program: students will be able to describe how self-image is formed, its relationship to behavior, and how it may be improved; identify myths and misconceptions about cigarette smoking and other forms of tobacco use; describe the physiological effects of smoking; identify myths and misconceptions about alcohol and marijuana use; demonstrate effective communication skills; evaluate advertising techniques designed to manipulate consumer behavior; demonstrate techniques for coping with anxiety; and demonstrate skills for developing successful relationships.

Materials include a teacher's manual containing overall session goals, specific student objectives, and detailed lesson plans and a student guide containing skill guidelines, information, and activities for students to do in the classroom and at home. An optional audiocassette tape with instructions for teaching and implementing a relaxation exercise may be used to help students reduce and manage anxiety.

Recommended training is a two-day training workshop for teachers, counselors, administrators, community leaders, and health professionals who work with adolescents. The workshop focuses on refining coaching and facilitating skills, the use of healthy behavior rehearsal, and general interactive skills.

Project Toward No Tobacco Use (Project TNT)
ETR Associates (Ph: 1-800-321-4407)

The suggested target audience is students in 7th grade. Length of each of the ten core lessons and two booster lessons are 40 to 50 minutes. The ten core lessons are designed to occur during a two-week period, although they could be presented over four weeks on the condition that all of the lessons are taught. The two-lesson booster was developed to be taught one year after the core lessons in a two-day sequence. However, these could be taught one lesson per week.

Objectives of this program are that students will be able to: describe the course of tobacco addiction and disease, the consequences of using tobacco, and the prevalence of tobacco use among peers; demonstrate effective communication, refusal, and cognitive coping skills; identify how the media and advertisers influence teens to use tobacco products; identify methods for building their own self-esteem; and describe strategies for advocating no tobacco use.

Materials include an implementation manual that provides step-by-step instructions for completing each of the ten core lessons and two booster lessons together with introductory and background material; two videos (one on assertive refusal and the other on combating tobacco use-specific social images); there is also a student workbook and optional kit that includes posters and other instructional materials.

Recommended training is a two-day teacher training prior to implementation of the curriculum.

Project Alert
Best Foundation For A Drug Free Tomorrow (Ph: 1-800-ALERT-10)

The Project Alert curriculum is designed for grades 7 and 8. When Project Alert is initiated, it is critical that the three booster lessons follow in the subsequent year.

Project Alert Core Curriculum consists of eleven weekly lessons that are most successfully taught once a week and easily complements other curricula. Teachers have successfully surrounded Project Alert with lessons from sex education, health, and physical education. Project Alert also can be an integral part of the middle school science or social studies curriculum.

The Project Alert philosophy is that middle school students are a group vulnerable to social influences but are not heavy users of alcohol, cigarettes, marijuana or other drugs. The goal of Project Alert is to reduce the use of those dangerous substances by keeping nonusers from trying them and by preventing nonusers and experimenters from becoming regular users.

The Project Alert Core Curriculum is organized into the four parts shown below. The lessons build on each other and should be taught in consecutive order. The concepts stressed in each lesson are:

- motivating nonuse;
- identifying pressures to use drugs, learning to resist those pressures, and practicing resistance skills;
- review of key concepts and skills; and
- special issues (such as inhalants abuse or smoking cessation).

Project Alert Booster Lessons are critical for maintaining early prevention gains. Both the Core Curriculum and the Booster Lessons offer a variety of activities, audiovisual materials, handouts, and homework assignments.

A video program called the "Guided Tour" has been designed for teachers. This video provides an overview of the Project Alert curriculum and serves to orient teachers and reinforce teaching strategies. Training is available (a one-day session) through Project Alert/Best Foundation.

Get Real About Tobacco
Altschul Group Corp. (Ph: 1-800-323-9084)

Get Real About Tobacco is a K-12 curriculum designed to reduce the risk of student tobacco use, to encourage students who do use to quit, and to help promote messages against the use of tobacco. The lessons in the curriculum address vulnerability to tobacco use, contributors to tobacco use, and alternatives to tobacco use. The curriculum promotes positive norms regarding tobacco use, teaches social skills, involves parents, includes information from a variety of sources and, most importantly, is based on current research for effective prevention education programs.

Get Real About Tobacco is available in four kits: Grades K-3, 4-6, 6-9 and 9-12. Each kit comes with a teacher's guide, videos, posters and student activities. The teacher guides include lessons, pre- and post-tests, planning charts with objectives and risk factors overviews, tobacco prevention resources, fact sheets, a parent newsletter, and recommendations for infusing the tobacco lessons into the broader health curriculum.

Recommended training includes a three-day teacher training program.

Note: Altshul's Get Real About AIDS program has been identified by CDC as a "Program That Works" under CDC's Research to Classroom project. Get Real About Tobacco uses the same proven educational methodology as used in Get Real About AIDS.

Drugs, Alcohol and Tobacco: Totally Awesome Teaching Strategies
Meeks Heit Publishing, Box 121, Blacklick OH 43004 (Ph: 614-759-7780)

A comprehensive collection of background information, teaching strategies and lessons for grades PreK-12. The book includes teacher resource information to prepare for teaching the lessons, teaching masters and student masters. The 594-page book provides curriculum content and the teaching strategies to convey the content information to students.

Cessation-related Resources

Helping Teens Stop Using Tobacco: Tobacco Awareness Program (TAP)
Community Interventions, Inc. (Ph: 1-800-328-0417)

The Tobacco Awareness Program (TAP) is a comprehensive tobacco cessation curriculum addressing both smoking and smokeless tobacco. TAP is an eight-session program that provides information, opportunities for self-assessment, and challenging weekly assignments to help participants in grades 7-12 quit tobacco. TAP is focused on youth who want to quit tobacco.

The curriculum helps tobacco users toward their personally selected quit date and then helps them to remain tobacco-free. The TAP curriculum encourages each person to choose the method of cessation that will work best for that individual.

The program's curriculum materials include a facilitator's guide, participant's guide, several teaching aids, videos and handouts.

Training for TAP facilitators includes attending training in which they can be introduced to the curriculum by an experienced trainer. This gives trainees a chance to observe and practice proven methods of demonstration, lecture, and group facilitation.

Intervening with Teen Tobacco Users: Tobacco Education Group (TEG)
Community Interventions, Inc. (Ph: 1-800-328-0417)

The purpose of TEG is to provide effective prevention and intervention strategies to educators working with students who use tobacco. The information enables facilitators to conduct a Tobacco Education Group (TEG) and to motivate adolescent tobacco users to adopt a healthier lifestyle, reduce or quit tobacco use, and voluntarily join a tobacco cessation program.

TEG is a positive alternative to suspension for those caught using tobacco products on school property or at school-sponsored events or activities. The

program consists of eight 30-50 minute sessions involving lectures, videos, demonstrations, discussions, problem solving, and cooperative learning strategies. TEG motivates adolescents to move from the desire to quit tobacco, to the commitment to quit tobacco, and finally to the action stages of quitting tobacco. The program addresses both smoking and spit tobacco use. Participants are encouraged to share information learned in TEG with their friends and parents.

Training for TEG facilitators includes attending training in which they can be introduced to the curriculum by an experienced trainer. This gives trainees a chance to observe and practice proven methods of demonstration, lecture, and group facilitation.

Other Curriculum Resources

Montana Model Curriculum for Health Enhancement
Montana Office of Public Instruction, Health Enhancement and Safety Division, Helena, MT 59620 (Ph: 406-444-1964)

These comprehensive model curricula for Grades K-6 and 7-12 contain a philosophy of health enhancement, lesson plans (a subset of lesson plans specifically for K-12 tobacco use prevention is also available), a resource section, and guidance for program assessment and student assessment.

Choosing the Tools: A Review of Selected K-12 Health Education Curricula
Education Development Center Inc., 55 Chapel Street, Newton, MA 02158-1060 (Ph: 1-800-793-5076)

This document was designed to assist school curriculum decision-makers in selecting health education curricula for their school districts. The document provides a concise description of several educational theories as well as a comprehensive review and rating of 13 separate health curricula for elementary and secondary school use.

Other Resources

- American Cancer Society, 550 North 31st Street, Billings MT 59101 (Ph: 1-800-252-5470) or www.cancer.org
- American Lung Association, 825 Helena Avenue, Helena MT 59601 (Ph: 406-442-6556) or www.lungusa.org
- American Heart Association, 510 1st Avenue North, Great Falls MT 59401 (Ph: 406-452-2362) or www.americanheart.org

Guidelines for Reviewing Tobacco Use Prevention Education Materials

This guidance addresses considerations for curricular materials intended for use in a tobacco use prevention component of Health Enhancement (i.e., comprehensive school health program); however, the rationale is applicable to material being considered for use in any curricular area.

Discussion

Tobacco use prevention is an important part of a complete health enhancement program. Young people need clear, correct and up-to-date information regarding the health consequences of tobacco use. To understand the necessity for this, one needs only to look at Montana rates for youth tobacco use. Educationally, this information should be given before the risk behavior is initiated; consequently, the need for this education begins in the elementary years.

Challenge to Supplementary Material

Many times an individual film, video or book is attacked in an attempt to discredit or eliminate an entire program. If it has not been established whether that is the case in your situation, it may be worthwhile to assess the reason for the challenge to a particular supplementary material.

It is important to remember that individual materials are just a part of a total program. When selected supplementary materials are viewed independent of the complete program, the materials are taken out of context. Any material used in an educational program should have supporting discussion, lecture or clarification from the instructor. This places the material as a piece of the program, not as the program.

Considerations for Supplementary Materials

The Office of Public Instruction would support the use of supplementary materials (such as videos, etc.) in any curricular area, including tobacco use prevention education. However, the OPI has suggestions that should be considered prior to the use of supplementary materials and for follow-up discussion.

A local district's materials review committee should have three main considerations for the use of supplementary materials:

- First, do the materials reflect the values and wishes of the community as a whole?

It is not likely that all tobacco use prevention materials will reflect the values of each individual family, but the materials can reflect the values of the community as a whole. The materials review committee needs to view the school as an extension of the community, not as an extension of an individual family. Reasonable questions to ask include: Is the material offensive to the community? Is the material presenting information that the community thinks is important?

- Second, is the information presented in an educational manner?

  Several questions can be asked: Is the information presented by a person skilled in providing the information? Is the information developmentally and age appropriate for the intended audience? Is the information current? Is the information culturally sensitive?

- Third, is the information presented correct?

  In the case of tobacco use prevention, is the information based on current scientific, medical and public health knowledge? Many times it is left to the discretion of individual teachers as to whether supplementary materials fit within the parameters of the district's health education program. Health educators have current information in this area and public health professionals (such as local health departments, physicians and nurses) can assist.

Conclusion

A materials review committee should consider three basic questions:

(1) Do the materials represent the values of the community as a whole?

(2) Are the materials used in an educational manner?

(3) Is the information presented correct?

If the answers to these basic questions are "yes," then the materials are appropriate to be used within the district's education program. Each district must decide how supplementary materials, regardless of the curricular area, fit within its own community values.

Guidelines for Non-School Personnel Presenting Health Programs in Montana Schools

Background

Montana schools are required by the Montana Board of Public Education (BPE) through its Montana School Accreditation Standards to provide Health Enhancement education at the elementary, middle, and high school levels. The BPE provides performance standards, but leaves local school districts wide latitude in developing local goals and curricula.

Accreditation standards also require that Health Enhancement classes be taught by teachers who are **certified** to teach in Montana and **endorsed** to teach in the subject area. Elementary teachers are considered to be endorsed in all subjects, hence provide instruction in all areas.

Although Health Enhancement is required and must be taught by certified and endorsed professional staff, this does not imply that outside speakers are not appropriate. Outside speakers are commonplace for all subject areas and can expose students to specialized experts, information resources and community opportunities or can sensitize students to special issues. **Outside speakers appear as guests of the district and are allowed in classrooms with permission of the administration and teachers (permission of the board may not be direct, but implied).** Permission could be withdrawn at any time or the speaker could simply not be invited back into the district.

Responsibility of the school district

In using outside speakers as part of the Health Enhancement program, school districts and teachers have several responsibilities:

1. The speaker should be used in conjunction with the school's health enhancement program. This means that speakers are not merely used to "fill time," but are used to reach program goals or learned outcomes.

2. Students should be prepared for the speaker. This may mean that if a speaker is used, lessons should build up to the speaker's presentation so the presentation is more meaningful.

3. Once the speaker has presented, a teacher-led follow-up should be conducted with the students. This might entail debriefing what the speaker presented, what the issues were, how it "fit" into the health class, or what might improve the session.

4. The school district administrator or teacher should evaluate the outside presentation to determine whether or not it met district goals and objectives, whether it was clear and appropriate for the audience, and whether a decision on future use of the outside presentation (or the actual presenter) should be made.

5. The school district has the right to know the speaker's qualifications. For example, being a "former smoker" may not qualify an individual to present to students on the effects of tobacco use.

Responsibilities of the outside speaker

1. Outside speakers serving as resource personnel in Montana schools should be aware of the intended audience and community concerns. Topics that are appropriate for high school students may not be appropriate for elementary students. Likewise, topics appropriate in one community may not be appropriate in another.

2. Speakers should know what is expected of them. They should be aware of the audience, why they were invited, how their presentation fits into the overall curriculum and what the school's expectations are. Experiential presentations should focus on personal responsibility.

3. Once speakers know what is expected of them, they should offer the teacher suggestions on student preparation (i.e., teacher-led classroom activity or assignment) as well as follow-up activities.

4. Speakers have the right to request evaluation of their presentation. This might be as simple as verbal feedback from the teacher or perhaps a written evaluation from the students. Generally, speakers know how well they did if they are asked to return for subsequent presentations.

Conclusion

Both the school district and outside speakers have rights and responsibilities.

- School districts have the right to know the speaker's qualifications and presentation content. Districts have the responsibility to use speakers that meet program goals and outcomes.

- Speakers have the right to a respectful audience and to an evaluation of their presentation. They also have the right to ask districts to use them in a meaningful way (student preparation and follow-up). Speakers have the responsibility to know the audience to which they are presenting and the community in which they are presenting.

- School districts and speakers have the shared responsibility to work together to best meet the educational needs of a community's students.

- Some speakers are requested by school districts to return on an annual basis. The speaker should determine if the information being presented is the same year after year. If so, it may be that the teacher should be "trained" by the speaker (or other qualified person[s]) to provide the information as an integral part of the class. Speakers have the obligation to ensure that they are not merely requested to present as a matter of convenience (i.e., to do a job that should be done by the teacher).

A DOZEN GOOD REASONS FOR TOBACCO-FREE SCHOOLS

Reference: Adapted from *Getting to Tobacco-Free Schools: A Trouble-Shooting Guide* (Colorado-Assist, sponsored by the Colorado Department of Public Health and Environment and the American Cancer Society's Rocky Mountain Division)

It is estimated that more than 3,000 American teenagers start smoking each day. The 1999 Montana Youth Risk Behavior Survey (Office of Public Instruction) reported tobacco use rates among Montana teens to be as follows:

- About 70 percent of high school-aged students had ever tried smoking, which compares to the national average.
- Almost 25 percent of students were 12 years old or younger when they smoked for the first time.
- Twenty-six percent of the students reported they were "regular" smokers (smoked at least one cigarette a day for 30 days).
- Eighteen percent of the students reported they were "frequent" smokers (smoked on 20 or more of the previous days).
- Thirty percent of the students indicated that they tried quitting in the previous six months.
- Over 18 percent of the students reported that they used smokeless tobacco in the previous 30 days compared to the national average of 7.8 percent

Schools play an important role in shaping student tobacco-use behaviors. Tobacco prevention education, adult role modeling of non-smoking behavior, and strong tobacco-free school policies combine to create a positive and protective environment in which youth can remain tobacco free and learn the behaviors that will help them become healthy adults. Here are a dozen good reasons for tobacco-free schools.

1. **Tobacco kills and disables. Schools are responsible for protecting children in their charge from dangerous products.** Tobacco kills more Americans each year than alcohol, cocaine, crack, heroin, suicide, car accidents, fires, and AIDS combined. In the U.S., tobacco is responsible for more than 400,000 deaths each year. Tobacco use adversely affects nearly every system and function of the human body. The use of tobacco is associated with increased risk of heart disease and stroke, blindness, hearing loss, infertility and male impotence.

   In children, tobacco use can cause many health problems. Tobacco use contributes to a general decrease in physical fitness, as well as an increased number of colds, sore throats and other respiratory illnesses. Smoking is associated with a slower rate of lung growth, which can result in decreased lung function as an adult. It has also been named as a factor in the early development of artery disease, a possible precursor of heart disease. More than five million children alive today will die prematurely because they became regular users of tobacco as adolescents. Tobacco is the only product that, when used as intended, will disable and/or kill the user.

2. **Tobacco is a drug. Schools must prohibit drug use in school buildings, on school grounds and at school-sponsored events.** Tobacco has been

classified a drug by the federal Food and Drug Administration. School policies don't allow the use of other drugs such as alcohol, marijuana or cocaine on school grounds and at school-sponsored events. Why should an exception be made for tobacco? Most school districts have very stringent drug policies. They often prohibit students from taking prescription drugs on school rounds without parental permission. It is incongruent that school districts have strict drug-use policies and yet allow students to use and share tobacco on school grounds and at school-sponsored events.

3. **Tobacco is addictive. Schools must be in the business of promoting health rather than enabling addictions.** The use of tobacco is not just a "bad habit"- it is a powerful addiction. For many, being addicted to nicotine makes quitting tobacco as difficult as quitting heroin, cocaine, or alcohol. Research has shown that most young tobacco users do not fully understand the concept of addiction. They don't understand what they are getting into. Most are deciding to smoke a few cigarettes with friends, not to develop a physical dependence on tobacco that could last the rest of their lives. The majority of adolescents who smoke report they would like to quit, but can't. One study found more than 60 percent of high school seniors who smoked as few as one to five cigarettes a day were still smoking five years later. Most had increased the number of cigarettes they were smoking.

4. **Smoking material and second-hand smoke are dangerous. Schools are responsible for providing a safe environment for students.** Smoking material fires are the leading cause of fire deaths in the U.S. "Smoking materials" refers only to lighted tobacco products, not to matches or lighters. More people die in fires caused by lighted tobacco products than any other type of fire in the U.S.

   Second-hand smoke causes more than 53,000 deaths in the United States each year, making it the third major killer, after active smoking and alcohol. Containing more than 4,700 chemicals, more than 50 of which are carcinogenic, second-hand smoke causes lung cancer in nonsmokers and is suspected of playing a role in other cancers. Second-hand smoke is particularly problematic for the growing number of children with asthma.

   Children can become the involuntary victims of second-hand smoke indoors or outdoors. Smoking outside near building entrances or fresh-air intakes often results in the migration of smoke indoors. Passing through smoking areas may be enough to trigger an asthma attack or exacerbate respiratory problems in students... and this situation does not meet the standard of a safe environment let alone a tobacco-free environment. Researchers looking at the health impact of second-hand smoke on children state simply, "Smoking should be banned wherever children are present."

5. **Middle and high-school years are critical in determining whether or not an individual becomes a smoker for life. Schools can help "delay the onset" of smoking and significantly reduce the chances that youth will ever use tobacco regularly.** Tobacco use is frequently called a pediatric disease because the onset of smoking most often occurs in the adolescent and pre-adolescent years. Statistics show that the vast majority (82%) of adults who

smoke began smoking before the age of 18 and, in fact, most started experimenting with cigarettes in the seventh grade. Conversely, if young people can make it through their school years as non-smokers, they are likely to stay that way for the rest of their lives.

Students are in school six to eight hours a day. If schools prohibit tobacco use on school grounds and at school-sponsored events, they can substantially decrease the time and the social opportunity students have for learning to smoke and/or chew. Schools can help students stay tobacco-free during their school years and thereby help them remain tobacco-free for life.

6. **Tobacco is a gateway drug. Schools must consider other "side effects" of tobacco use.** As cited in the Surgeon General's report, tobacco use has been found to play a pivotal role in the development of other drug dependencies. Data from the Monitoring the Future Project confirms that illegal drug use is rare among those who have never smoked and that cigarette smoking is likely to precede the use of alcohol or illegal drugs. Factors that could explain the possible use of such harmful substances include: (a) nicotine produces various effects that have been shown to be produced similarly by one or more other abused drugs; (b) the smoking behavior and tolerance for smoking prepare youth for smoking preparations of cocaine, methamphetamine and PCP; (c) stealing or buying tobacco involves committing minor infractions that, while discouraged, have few or no consequences; and (d) attitudes about drug use develop with the early use of nicotine and alcohol to affect moods and the process of rationalization, denial, hiding, sneakiness, and lying that often build up and are transferable to the use of other drugs.

7. **Allowing tobacco use at school is in conflict with prevention messages delivered in classrooms. Schools must send clear, consistent non-use messages.** Tobacco use prevention education is considered an essential element of comprehensive school health programs. It is included in the National Standards for School Health and was one of the first areas focused on by the Centers for Disease Control and Prevention for the development of assessment materials. Resistance skills are often taught to help children learn to fend off offers of alcohol, tobacco, and other drugs. Special events in schools -- such as the Great American Smoke Out, Red Ribbon Week, Tar Wars, and health fairs -- are intended to reinforce tobacco use prevention. School hallways and classroom bulletin boards often "shout" the prevention message with posters and banners. Yet children can step outside their classrooms and see clusters of students and/or teachers using tobacco on school grounds. Schools that are not tobacco-free send conflicting messages to students about tobacco use.

8. **Perceived social acceptance of tobacco use, accurate or otherwise, influences adolescent tobacco use behavior.** The idea that tobacco use is socially acceptable can be developed when youth witness others using tobacco or when they use it themselves without negative consequences. Studies have shown that children consistently over-estimate the number of tobacco users. For example, in April 2000, an informal, non-random survey of self-reported personal tobacco use, perception of tobacco use by others, and intent for future personal use of tobacco products was conducted in Montana schools by the Office of Public Instruction (OPI). The results of the survey, the Montana Student

Tobacco Use and Perception survey (or STUP survey), showed that:

- Most (71.1 percent) Montana high school students think that their peers smoke cigarettes at a rate that is above the actual use rate. The actual use rate of cigarettes among Montana high school-aged youth is 35.0 percent (based on Montana YRBS "current" use). The perceived use rate ranged from 40 percent to over 80 percent.
- The STUP survey found that less than 10 percent of middle school respondents reported being a "current" smoker. But the perception among most (84.0 percent) middle school students participating in the STUP survey is that their peers are current smokers. Most middle school respondents perceived the use to range from 20 percent to 80 percent.
- Most (83.5 percent) Montana high school students think their peers use smokeless tobacco at a rate that is above the actual use rate. The actual use rate of smokeless tobacco among Montana high school-aged youth is less than 20 percent (based on Montana YRBS "current" use it is 18.3 percent). The perceived use rate ranged from 20 percent to over 80 percent.
- The STUP survey found that less than 6.2 percent of middle school respondents reported being a "current" user of smokeless tobacco. But the perception among most (61.6 percent) middle school students participating in the STUP survey is that Montana middle school students are current users of smokeless tobacco. Most middle school respondents perceived the use to range from 20 percent to over 80 percent.

This perception is furthered when students witness crowds of their classmates and teachers smoking and/or chewing. Research has found that students who made relatively high estimates of the amount of smoking around them were not only more likely to experiment with tobacco but were more likely to become regular smokers or to increase the current amount they smoked. Adult attitudes toward tobacco use can perpetuate the perception of acceptance. Studies on risk factors or drug and alcohol abuse found parental permissiveness – parents not taking a firm stand against their children using these substances – to be a key factor in teen initiation and use. The idea that tobacco use is normative and that it is socially accepted by others, including respected adults, encourages adoption and ongoing use of tobacco products. Enactment of a tobacco-free school policy represents a firm stand on the part of school administration, teachers, and parents about youth tobacco use.

9. **Work places are becoming increasingly smoke-free. Schools need to prepare students for the reality of smoke-free workplaces and communities.** A 1994 survey of business professionals found 71 percent of surveyed organizations prohibited smoking anywhere within their facility. Employers are becoming more reluctant to hire smokers due to increased absenteeism, health care costs and disability. In a competitive job market and non-smoking community environment, it is important that students not leave their high school years with a smoking handicap. Some districts exempt vocational or alternative schools from the district's tobacco-free policy. Yet these schools are frequently attended by the students who can least afford to be disadvantaged in the job market because they smoke.

10. **Laws intentionally limit access and possession of tobacco by children. It is important that schools model respect for state laws and community ordinances.** Montana state law prohibits the sale of tobacco to minors, as well as the purchase of tobacco by minors. It is clear that the intent of these laws is to reduce adolescent access to and use of tobacco. Most teens obtain their cigarettes by stealing, illegal purchase, or through other teens or an adult. If school districts allow students to use tobacco on school property, they are tacitly endorsing the open use of products that were most likely obtained illegally. This disregard for the law is even more problematic in Montana because youth possession of tobacco products by anyone under age 18 illegal. School personnel who permit youth to smoke or to use spit tobacco on school grounds are condoning illegal behavior. By their actions, school districts and school personnel may inadvertently encourage disregard for the law. It is important that citizenship lessons are not only taught at school but they are applied as well. Respect for the law must be demonstrated. Children learn what they live.

11. **Schools may face liability issues by allowing smoking on their premises. School districts would be wise to protect themselves from this unnecessary risk.** Litigation related to tobacco addiction and exposure to second-hand smoke is growing. Individuals have recovered damages in numerous law suits because their employers failed to provide a safe, smoke-free work environment. With the increasing number of children with asthma, there may be additional cause for concern—particularly if an asthma attack or other respiratory problems are triggered because a child is exposed to smoke at the school setting.

    Ten years ago, no one thought tobacco companies could be held liable for the health costs incurred because of addiction to smoking. Today, these companies are indeed being held liable for billions of dollars for the role they played in contributing to tobacco addiction and the consequent diseases. Although there are no cases on record as yet, it is not inconceivable that in the future someone may question the role school personnel or district board members played in allowing addictions to develop through non-enforcement of tobacco-free policies.

12. **It's the right thing to do.** Establishing a totally tobacco-free school environment is not always the easiest thing to do, but it is the right thing to do to protect children and help them develop into healthy adults. Twenty years ago there was a much higher level of tolerance for drinking and driving by teens. It was accepted as the norm that youth would drink and drive, particularly at times of special school events such as homecoming and prom. Today, however, school districts and communities are making it clear that this behavior is no longer acceptable. The result has been a substantial reduction in the number of students killed and injured in alcohol-related accidents. These changes originally met with some resistance from students and were seen as interference with their traditional activities, but schools and communities persisted in what they knew was the right thing to do. The same now applies to tobacco use. Changes and restrictions on this dangerous behavior may well be met with initial resistance. But if schools and communities persist, there will be a reduction in the number of youth who become addicted to tobacco and a reduction in the numbers of deaths and diseases from tobacco use. Tobacco-free schools... the right thing to do.

Where to Find Information

These reference materials are intended to provide background and content materials for health and education professionals. This chart is an easy-access guide to reference materials.

Where do I go:	Resource:
• To obtain basic information about tobacco use prevention and education in schools?	• Montana Office of Public Instruction • Montana Department of Public Health and Human Services • CDC *Guidelines for School Health Programs To Prevent Tobacco Use and Addiction*, 1-800-CDC-1311, www.cdc.gov/tobaccco • CDC *Best Practices for Comprehensive Tobacco Control Programs*, 1-800-CDC-1311 • American Cancer Society, 1-800-464-3102, www.cancer.org • American Medical Association, 1-312-464-5000 • American Heart Association, 1-800-242-8721, www.americanheart.org • American Lung Association, 1-303-388-4327, www.lungusa.org/tobacco • National Institute on Drug Abuse, *Preventing Drug Use Among Children and Adolescents*, 1-800-729-6686 • Western Regional Center for the Application of Prevention Technologies, *Best Practices and Promising Practices*, 1-888-734-7476 • Drug Strategies, *Making the Grade: A Guide to School Drug Prevention Programs* 1-202-289-9070

• To obtain information on a policy for school tobacco use prevention and education?	• Montana Office of Public Instruction, *Tobacco-Free School Policy Guide* • National Association of State Boards of Health, *Fit, Healthy and Ready to Learn: A School Health Policy Guide*, 1-800-220-5183 • Colorado Department of Public Health and American Cancer Society, *Getting To Tobacco-Free Schools: A Trouble Shooter's Guide*, 1-303-692-2514
• To obtain guidance on evaluating tobacco use prevention and education curriculum?	• General Criteria for Evaluating Tobacco Use Prevention and Education Curricula (see page 28 of this document) • Maine Bureau of Health, Department of Human Services, *Creating and Maintaining Tobacco-Free School Policy*, 1-207-287-4627 • AGC United Learning, *Evaluation for COPPIES*, 1-800-323-9084 • Department of Education, *Understanding Evaluation: The Way To Better Prevention Programs*, 1-503-275-9480
• To obtain information on considerations to be applied to materials being reviewed?	• Guidelines for Reviewing Tobacco Use Prevention and Education Materials (see page 37 of this document)

• To obtain help on tobacco use prevention and education instruction for age and grade appropriate health instruction?	• Office of Public Instruction • Life Skills Training (contact OPI) • Project ALERT Training (contact OPI) • Educational Materials and Resources on Tobacco Use Prevention and Cessation (see 32 page of this guide) • Matching Approaches with Childhood Development (see page 30 of this guide)
• To obtain teacher training on effective classroom strategies?	• Office of Public Instruction
• To obtain information on using outside speakers to present health education information?	• Guidelines for Non-School Personnel Presenting Health Programs in Montana Schools (see page 39 of this guide)
• To obtain information about basic cessation information for school-aged children?	• Cessation-related resources (see page 35 of this guide) • Tobacco Awareness Program (TAP) and Tobacco Education Group (TEG), 1-800-328-0417
• To obtain information on state or federal law regarding tobacco, schools and youth?	• 20-1-220 MCA. Use of tobacco products in public school buildings or property prohibited • 16-11-301 MCA. Youth Access to Tobacco Products Control Act • 45-5-637 MCA. Tobacco possession or consumption by persons under 18 years of age prohibited • Public Law 103-227, Title X, Part C, section 1041-1044 (Pro-Children Act of 1994)

For more information about curriculum planning for school-based tobacco use prevention contact:

Office of Public Instruction
Tobacco Use Prevention and Education
PO Box 202501
Helena, Montana 59620-2501
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Office of Public Instruction

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